													Application or Docket Number					
•	F	PATENT A	PPLIC	CATI Effe		2+499 10083												
CLAIMS AS FILED - PART I (Column 1) (Column 2)											SMAL	LEN		OR	THER SMALL			
TOTAL CLAIMS					T	! }					RA	E	FEE		RATE	FEE		
FOR				\dagger	NUMBER FILED		NUMBER EXTRA			BASIC	FEE	370.00	OR	basic fee	740.00			
TOTAL CHARGEABLE CLAIMS					十	' 5 minus 20=		•			XS	9=		OR	X\$18=			
INDEPENDENT CLAIMS				\dagger	7 minus 3 •		• 1		Ì	X42			OR	X84=	33E			
MULTIPLE DEPENDENT CLAIM P					PRI					Ì	<u> </u>	-				الورر		
								220.1	_=_	J	+14	<u>~</u> _		OR	+280=			
• If the difference in column 1 is less than zero, enter "" in column 2												AL		OR	TOTAL	1536		
9	Column 1) (Column 2) (Column 3)										SMA	ALL I	ENTITY	OR	OTHER SMALL			
يم		<u> </u>	CL	ımn 1 AIMS			HIG	EST		ጎ			ADDI-			ADDI		
¥ E	١		REMAINING AFTER		l	•	PREV	IBER OUSLY FOR	PRESENT EXTRA	ŀ	RAT	TE	TIONAL FEE		RATE	TIONAL FEE		
AMENDMENT			AMEN	OMEN		Minus	4	POR	- X	1	XS	9=		OR	X\$18=			
	h	ndependent	•	4	┪	Minus		7	-47]	X4	2=		OR	X84=			
1	FIRST PRESENTATION OF N			MU	CULTIPLE DEPENDENT CLAIM								1	+280=	-			
										L	OTAL		OR	7074	 			
												FEE		JOR	ADDIT. FEE			
_	_			umn Alkis	1)			umn 2) HEST	(Column 3	4			LADOL	7		ADDI-		
			REA	ianin Fter	G		PRE	MBER MOUSLY	PRESENT EXTRA		RA	TE	ADDI- TIONAL FEE	1	RATE	TIONAL		
AMBNOMENT		<u> </u>	1	NOME	NT_	Minus	PA	20		1	\	9=	ree		X\$18=			
		Total	<u> -</u>	18 U)	Minus	100	7	-	7	<u> </u>	_		OR	Yaa	 		
1	1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1	<u>~</u>	2=		OF	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-		
-											+14	10 =	<u> </u>	ОЯ		<u> </u>		
												OTAL I. FEE			ADDIT. FE			
			(Cr	lumn	1).			lumn 2)	(Column	3)_	_			_				
1	2	8-11-06	RE	MAINS MAINS AFTER ENDME	IG.		NL PRE	GREST IMBER VIOUSLY ID FOR	PRESENT EXTRA		R	NTE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
C ENGRAPHICA		Total	•	18		Minus	- 6	20	•		×	9=		OF	X\$18=			
	5	Independent	1.	of		Minus	•••	1	-		×	12=	1	or	X84-	1/		
113	₹	SIGOT DOES	ENITAT	MON C	E M	UTIPLED	EPENDE	NT CLAIR		1	<u> </u>			√l"	`			

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. OR ADDIT. FEE

FORM PTO-675 (Rav. 6/01)

対 9.5 (375), 789) 463-138/199(2)

Patient and Vindement Office, U.S. DEPARTMENT OF COMMERCE

OR

+140=

+280-

10,083372